

ASS. REC. BY: Tan Jkh

REF:

TM1

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS WPDate: _____ Person Contacted: Chuan Vehicle: IN / OUT

N/S	O/S
X	X

Veh No: SHV3792C Yr Regn: 2016, April

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai 140 c.c. 1685Colour: blue A/C: Insured / Std / NI / NA

Sp. Reading: _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLB414M 4687879

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16R: 22

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Westlake

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 10/8/21 0330pmSurvey held at Comfort Lodge

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction Battery weak.

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L&H: _____

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)
 59 Loyang Drive
 Singapore 508969
 Tel: 6214 8300

LKK-

TP INSURER: **Tokio Marine Insurance Singapore Ltd (HQ)**
CTPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	29/03/2021
Vehicle Reg. No.:	SHA3792C	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	28/04/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU613764	Chassis No:	KMHLB41UMGU087874
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	3,785.38
Miscellaneous Items	11.00
Labour	1,560.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	5,356.38
+ GST 7.00% (S\$)	374.95
Nett Amount (S\$)	5,731.33

This claim is handled by: **CHIANG L C**

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 10 Aug 2021)**Parts:** 143 HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHA3792C/10/08/2021 09:48**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk *.**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*BOOTLID	20.00	0.00	*2,609.80 FLX <i>old</i>
2	1		*BOOTLID H EMBLEM	20.00	0.00	*63.10 FLX <i>damage</i>
3	1		*BOOTLID CRDI EMBLEM	20.00	0.00	*52.40 FLX
4	1		*BOOTLID I40 EMBLEM	20.00	0.00	*67.90 FLX
5	1		*REAR BUMPER	20.00	0.00	*1,106.00 FL <i>Ry</i>
6	1		*REAR BUMPER UNDER COVER	20.00	0.00	*228.00 FL <i>Ry</i>
7	10		*REAR BUMPER CLIPS	20.00	0.00	*22.00 FL <i>net</i>
8	1		*BOOTLID COMFORTDELGRO	0.00	0.00	*15.00 F X
9	1		*BOOTLID 65521111	0.00	0.00	*15.00 F X
10	1		*REAR BUMPER MAT	0.00	0.00	*50.00 F X
11	1		*REVERSE SENSORS	0.00	0.00	*135.70 F ?
12	1		*BOOTLID MOULDING	20.00	0.00	*85.00 FL X
13	1		*BOOTLID LOWER GARNISH	20.00	0.00	*227.90 FL X

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	4,677.80
- List Item Discount on L Items (S\$)	892.42
Total Parts (S\$)	3,785.38

ComfortDelGro Engineering Pte Ltd/SHA3792C/10/08/2021 09:48. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (S\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	280 600.00
2	SPRAY PAINTING	New	250 600.00
3	TUFF KOTE	New	X 50.00
4	CHECK LIGHTINGS ETC	New	X 40.00
5	R/I REVERSE SENSORS	New	30 120.00
6	TOWING FEE - KING DOLLY	New	100 150.00
Gross Labour Cost (S\$)			1,560.00

ComfortDelGro Engineering Pte Ltd/SHA3792C/10/08/2021 09:48. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tanpin 9749 5749
 'WP' w/c 21 e 330pm
 02 days
 c/s Resurvey after repair
 Tanpin e/khauto.com

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 4068514 JC NO.: 305461174

OWNER IS OWNER NO. ADDRESS (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO.: SHA3792C	MILEAGE
		MAKE : HYUNDAI	FUEL E.....1/2.....F
		MODEL I-40	DATE/TIME IN 29.03.2021 08:00
		YR OF MANU. 28.04.2016	TARGET DATE
		CHASSIS CODE KMHLB41UMGU087874	COMPLETION DATE/TIME:

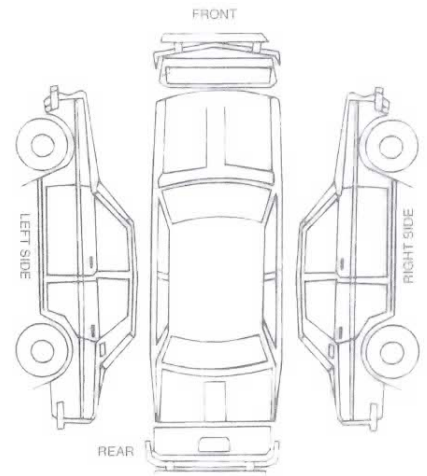
COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 29.03.2021
NATURE: TP/3P 29.03.2021 - TP

S/NO LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist Slip

Exit Pass

No.: **SHA3792C** **CHIANG**

Vehicle No.: **SHA3792C**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Handed to Service Reception for collection

To be kept by Security Guard

No key, Handbrake ON
use KD

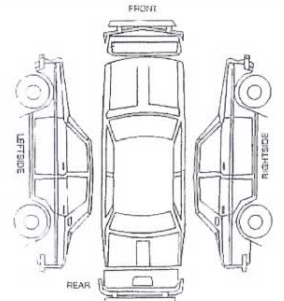
JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>06/08/21</u> Time Received: <u>1350</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>Carol</u> Contact No. : <u>65508558</u> Vehicle No. : <u>2M4 3792C</u> Make / Model / Colour : <u>140</u> Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks:	
7. Location: <u>517 Airport Rd</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi			
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____					

10. Odometer Reading : _____
Fuel Level : ☐ F ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ E

11. Radio / CD Player
☐ OK
☐ Faulty
☐ Not tested



: Cracked X : Dented
/ : Scatched O : Missing

Signature of Customer

Job Attended

12. Tow Truck / Recovery Van : ☐ VRS ☒ QA ☐ GAO ☐ OTHERS
Name of Driver : murmu
Vehicle No. : YD 4655D
Time Dispatch : 1420
Time of Arrival : 1410
Time Completed : 1500

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

06/08/21

1410

Date

Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COPY



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	29/03/2021 16:22 (SGT)
Date of Accident	29/03/2021 08:00 (SGT)
Exact Location of Accident	Yishun Ave 1, Singapore
Additional Location Information	YISHUN AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3792C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-65508768
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1700

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

DRIVER

Name of Driver	TAN CHENG HAI
NRIC No	SXXXX446B

Date Of Birth	02/02/1958
Occupation	Outdoor
Date Of Driving Pass	23/02/1983
Driving experience	38 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97361405
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	13 #07-2805 EUNOS CRESCENT
Address complement	-
Postcode	400013
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACH

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH9241R
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIAN YONG LIANG
Contact Number	(Phone) +65-90023662
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	MODERATE
Details of property damaged in accident	FRT & REAR
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SH8507K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	MODERATE
Details of property damaged in accident	FRT
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN CHENG HAI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SHOULDER
Injured person in which vehicle?	SHA3792C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	LIAN YONG LIANG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NOT SURE
Injured person in which vehicle?	SMH9241R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application to interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

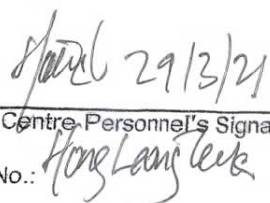
I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared/disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

GIA, RTT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:


Driver's Signature
(if driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: Hong Lang Teck
NRIC/Fin No.:

SKETCH PLAN

A SHA 3792 C

B SMH 9241 R

C SH 8507 K

///

Sembawang Rd

↑ ↑ ↑ ↑ ↓

Yishun Ave 1.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached Police Report: T/20210329/2062

DECLARATION

I/We declare the foregoing particulars are true in every respect.

JOHNSON TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.:

[Signature]

[Signature] 29/3/21

[Signature]



SINGAPORE POLICE FORCE



T/20210329/2062

1 of 3

Report No. T/20210329/2062

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2021 14:17		Vide Report No.:		Station Diary No.: 91	
Informant's Particulars					
Name of Informant: TAN CHENG HAI			Address: APT BLK 13 EUNOS CRESCENT #07-2805 SINGAPORE 400013		
ID Type / ID No.: NRIC NO / S1309446B			Contact No.: Home/Office: Mobile: 97361405		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 02/02/1958	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3 Date of Expiry:			

General Information of the Accident					
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/03/2021 08:00	Type of Location: X-Junction	
Location: YISHUN AVENUE 1					
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH8507K	Car					0
SHA3792C	Car				Slightly Damaged	1
SMH9241R	Car					0



SINGAPORE POLICE FORCE

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



T/20210329/2062

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Report No. T/20210329/2062

CONTINUATION OF REPORT

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	TAN CHENG HAI	ID No.	S1309446B	
Related Vehicle	SHA3792C (Car)	Contact No.	97361405	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	03	Degree of Injury	NIL	
Driver				
Name	LIAN YONG LIANG	ID No.	S8736126H	
Related Vehicle	SMH9241R (Car)	Contact No.	90023662	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 29/03/2021 at about 8am, I was driving (SHA 3792C) along the junction from Yishun Avenue 1 to Sembawang Road. At that point of time I wanted to turn right to Sembawang Road. However, I saw incoming car travelling at a very fast speed from Mandai Avenue. As such, I slowed down my vehicle and I heard a loud thud and jerk from my rear vehicle. I felt that my body was in pain.

I came out of my vehicle and noticed that my rear bumper had been collided against another vehicle (SMH 9241R), and that vehicle had been collided with another vehicle (SH 8507K).

I wish to state that I had been conveyed by the ambulance and traffic police came. I was issued with 3 days of medical leave valid from 29/03/2021 to 31/03/2021 by Khoo Tech Puat Hospital.

Car 1: SHA 3792C (my vehicle)
Car 2: SMH 9241R / 9002 3662
Car 3: SH 8507K / 9648 1127



**SINGAPORE
POLICE FORCE**



T/20210329/2062

3 of 3

Report No. T/20210329/2062

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 LEE WAN JING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MARIAH BINTE ZAKARIA

Contact No.: 65476433

Signature Of Informant:

Date/Time:

29/03/2021 14:17

Classification Of Case:

Authentication Stamp

NP168